

Case Number:	CM13-0070415		
Date Assigned:	05/07/2014	Date of Injury:	08/20/2013
Decision Date:	07/09/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is an employee of [REDACTED] and has submitted a claim for neck and left shoulder pain associated with an industrial injury date of August 20, 2013. Treatment to date has included physical therapy. Medical records from 2013 to 2014 were reviewed. The records show that the patient acquired head trauma and other injuries of the left side of her body from rescuing a burning man. She lost consciousness and was subsequently confined in the ICU and intubated from August 20-25, 2013. She was managed as a case of significant respiratory failure, small subarachnoid hemorrhage, right ear laceration and post concussion syndrome. Following discharge she underwent physical therapy for the neck, shoulder and jaw pain. She already completed 14 physical therapy sessions last March 2014 with 3 remaining sessions during re-evaluation last May 6, 2014. Patient claims that symptoms have all progressively improved and her progress has plateaued by April 2014. She can now exercise on her own by walking and doing band exercise w/o braces or assistive device. Utilization review from November 20, 2013 approved the request for Physical Therapy 3x/week for 2 weeks, 6 visits for the cervical spine and left shoulder but with modification. Instead of six visits, only four visits were allowed for reinforcement of a home program.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

PHYSICAL THERAPY 3 X WEEK FOR 2 WEEKS (6) CERVICAL SPINE & LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7, 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that treatment regimens should be tapered and transitioned into a self-directed home program. In this case, the patient completed 14 physical therapy sessions last March 2014 with 3 remaining sessions during re-evaluation last May 6, 2014. Patient claims that symptoms have all progressively improved and her progress has plateaued by April 2014. The patient can now exercise on her own by walking and doing band exercise w/o braces or assistive device. There is no objective evidence that the patient still necessitates extension of physical therapy. The patient is now capable of performing an independent home exercise program. The medical necessity has not been established. The request for physical therapy for the cervical spine and left shoulder, three time weekly for two weeks, is not medically necessary or appropriate.